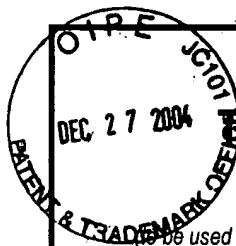


Please type a plus sign (+) inside this box ☐

+

PTO/SB/21 (6-99)

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/489,394
		Filing Date	JANUARY 21, 2000
		First Named Inventor	VANESSA HSEI
		Group/Art Unit	1642
		Examiner Name	HELMS, LARRY RONALD
Total Number of Pages in This Submission	20	Attorney Docket Number	39766-0092 A

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> FEE TRANSMITTAL FORM <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Copy of an Assignment	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> AMENDMENT / RESPONSE <input checked="" type="checkbox"/> AFTER FINAL <input type="checkbox"/> Version With Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Power of Attorney, by Assignee to Exclusion of Inventor Under 37 C.F.R. §3.71 With Revocation of Prior Powers	<input checked="" type="checkbox"/> ADDITIONAL ENCLOSURE(S) (PLEASE IDENTIFY BELOW):
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> TERMINAL DISCLAIMER	<input checked="" type="checkbox"/> STAMPED RETURN POSTCARD
<input type="checkbox"/> Copy of Notice	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
<div>Remarks</div> <p>AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO. 39766-0092 A.</p>		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	HELLER EHRMAN WHITE & McAULIFFE LLP		JAMES A. FOX (Reg. No. 38,455)	
	275 Middlefield Road, Menlo Park, California 94025	Telephone: (650) 324-7000	Facsimile: (650) 324-0638	
Signature				
Date	DECEMBER 27, 2004	Customer Number:	25213	

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated below and addressed to: MAIL STOP AF, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450 , on this date: DECEMBER 27, 2004			
Express Mail Label EL 977 613 097 US			
Typed or printed name	C. FONG		
Signature		Date	DECEMBER 27, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop ____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.